

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11794-62-044874
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED DEC 14 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST LOUIS,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,		c. CITY OR TOWN PINE LAWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST		d. STREET ADDRESS (If outside, give location) 6111 REICHMANN	
3. NAME OF DECEASED (Type or print) First MIDDLE Last DOROTHY M. SILVER		4. DATE OF DEATH Month Day Year DEC. 7, 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/20/27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FUSE ASSEMBLER		10b. KIND OF BUSINESS OR INDUSTRY BUSS FUSE CO.	11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI
13a. FATHER'S NAME CLARENCE LECHNER		13b. MOTHER'S MAIDEN NAME RUTH ASHNER	14. NAME OF HUSBAND OR WIFE ROBERT F. SILVER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. #	17. INFORMANT ROBERT F. SILVER 6111 REICHMANN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Ventricular Wall of Left Ventricle DUE TO (b) Ventricular Infarction of Myocardium DUE TO (c) Atherosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH minutes 8 days indefinite
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11/30/62 to 12/2/62 and last saw her alive on 12/6/62 Death occurred at 2:55 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James A. Hutchinson MD		22b. ADDRESS 114 No - Duval St. Louis, Mo.	
22c. DATE SIGNED 12/7/62		22d. LOCATION (City, town, or county) ST LOUIS MISSOURI	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/10/62	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) ST LOUIS MISSOURI
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NAT'L BRIDGE		25. DATE RECD. BY LOCAL REG. DEC 8 - 1962	
26. REGISTRAR'S SIGNATURE K. Smith M.D.		26. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 1 1910 O.S.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

M W Ruter

Licensed Embalmer No. _____

4865

P. O. Address _____

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.